



LAND USE APPLICATION ZONING PERMIT

File Number _____ Date Received _____ Date Deemed Complete _____ Fee _____

Applicant: Name(s) _____

Mailing Address _____

Phone _____ E-mail address _____

Legal Owner (if different from applicant):

Name(s) _____

Address _____

Property Description:

Township _____ Range _____ Section _____ Tax Lot _____ Zoning Designation _____

Physical Address _____

Located within a UGB? _____ If yes, which city? _____ Legal Access _____

Subdivision/Partition _____ Lot Width _____ Lot Depth _____

Proposed Set Backs: Front _____ ft Side _____ ft Side _____ ft Rear _____ ft

- Proposed Structures:
1. _____ Sq Ft _____ Bdrms _____ Baths _____
 2. _____ Sq Ft _____ Bdrms _____ Baths _____
 3. _____ Sq Ft _____ Bdrms _____ Baths _____

Plot Plan: Attach a plot plan showing where on the lot the structures will be located. Identify set backs, existing structures, location of access, septic system, drainfield, and well if applicable. The drawing does not need to be to scale.

Certification: I(we), the undersigned, acknowledge that I(we) am(are) familiar with the standards and limitations set forth by the Morrow County Zoning and Subdivision Ordinance. I(we) propose to meet all standards set forth by the County's Zoning and Subdivision Ordinance and any applicable State and Federal regulations. I(we) certify that the statements and information provided with this application are true and correct to the best of my(our) knowledge.

Signed: _____
(Applicant) (Applicant)

(Legal Owner) (Legal Owner)

If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.

Approval Signature _____ Date _____

**Morrow County Planning Department
P.O. Box 40, Irrigon Oregon 97844
(541) 922-4624 FAX: (541) 922-3472**